

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

907

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 23 yrs IN ARIZONA Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Memorial Hospital		C. CITY OR TOWN Phoenix		B. COUNTY Maricopa	
3. NAME OF DECEASED (TYPE OR PRINT) Bertha		B. (MIDDLE) Bruce		C. (LAST) Ekiss	
4. SEX Female		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 5 DAY 23 YEAR 14		8. AGE (IN YEARS LAST BIRTHDAY) 40	
9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U. S. A.	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)		13. SOCIAL SECURITY NO.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Abstract Clerk	
14A. FATHER'S NAME John G. Bruce		14B. BIRTHPLACE (STATE OR COUNTRY) Scotland		15A. MOTHER'S MAIDEN NAME Anna Catherine Loutitt	
16. INFORMANT'S SIGNATURE Mrs. Betty Burkhalter		ADDRESS 1937 E. Van Buren		17. DATE OF DEATH (MONTH) April (DAY) 9 (YEAR) 1955	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 3 1/2 months	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-29-54, TO Apr 9, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Apr 9, 1955, AND THAT DEATH OCCURRED AT 3:45 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE Joseph Bank MD (DEGREE OR TITLE)		22B. ADDRESS 800 N First Ave	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 4/13/55		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		26A. DATE REC. BY LOCAL REG. 4/11/55		26B. REGISTRAR'S SIGNATURE Sarah N. Taylor, Deputy	
26C. FUNERAL DIRECTOR'S SIGNATURE L. M. Mortensen		26D. ADDRESS Phx. Arizona		26E. DATE SIGNED	